



GROWING MASTERMINDS AWARD APPLICATION

APPLICANT NAME: _____

NAME OF PARENT OR GUARDIAN: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ AGE: _____

"I, _____, authorize Masterfeeds to use my name and/or photograph, area of study and submission content in various marketing materials to promote Masterfeeds' Future AgMaster Program and Scholarships."

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT (IF UNDER 18): _____ DATE: _____

VISUAL ILLUSTRATION

Include with this completed form a one page visual illustration (hand drawing, photography, collage), with an optional 20 to 30 word description, showing the importance of the farming community in the production of the world's food for our future.

SEND COMPLETED APPLICATION FORM AND ESSAY BY APRIL 30 THROUGH OUR ONLINE FORM, BY REGULAR MAIL OR BY EMAIL.

MAIL:

Attn: Future AgMaster / ENTRY

Masterfeeds

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London, Ontario N6E 1P5

EMAIL: futureAg@masterfeeds.com

ONLINE: masterfeeds.com/future-ag-master-program



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